

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551,516

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10	1						60						
11		1					61						
12		1					62						
13		3					63						
14		1					64						
15		3					65						
16		1					66						
17		1					67						
18	1						68						
19		1					69						
20		1					70						
21		1					71						
22	1						72						
23		1					73						
24		1					74						
25		2					75						
26		1					76						
27	1						77						
28		1					78						
29		1					79						
30		1					80						
31	1						81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		2					86						
37		1					87						
38		1					88						
39		1					89						
40	1						90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47	1						97						
48	1						98						
49		1					99						
50		1					100						
TOTAL IND.	↓		↓		↓		TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	←		←		←		TOTAL DEP.	14	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	53					